Middle School Activities Club Registration Form

Youth Information Grades 6-8

(Please Print Clearly)

		<u> </u>
Last Name	First Name	Date of Birth Age
Home Address	City, State, Zip Code	Home Telephone Number
E-mail Address		Cell Phone Number
Racial/Ethnic Background:		Cell Filone Number
☐ American Indian ☐ Asian ☐ Black	☐ Hispanic/Latino ☐ Whi	te 🗆 Other:
Gender: Male Female Prima	ir <mark>y</mark> Language Spoken at Ho <mark>m</mark>	e:
Pai	rent/Guardian Information	on
1.41		
Parent/Guardian Name		Parent/Guardian Name
Home Address		Home Address
Home Telephone Number		Home Telephone Number
Cell Phone Number	*	Cell Phone Number
E-Mail Address	Y	E-Mail Address
Place of Employment		Place of Employment
Work Telephone #		Work Telephone #
	<u>School Information</u>	
Name of School:	/ \	Grade:
	7	
<u>Afte</u>	r School Activity Informati	<u>ion</u>
Do you currently attend an after school program? If yes, please check the program you primarily attend:		Yes No No
☐ Youth Center (Area IV, Frisoli, Gately	, Moore, Russell)	
☐ Yo! (East End House)	•	
☐ Breakthrough Cambridge		
☐ Cambridge Community Center		
_ ,		
☐ Science Club for Girls		
Other:		
	(Application continues on other side)

To be completed by a parent/guardian

1. Name:	_	-
	be released to this person? yes	
2. Name:	address:	
Relationship to child:	phone:	
Do you give permission for your child to	be released to this person? yes	no
3. Name:	address:	
Relationship to child:	phone:	
Do you give permission for your	child to be released to this person?	yes no
First Aid	and Emergency Medical Car	e Consent
Child's Name		Date of Birth
give my child First Aid/CPR who me in the event of an emerge reached, I hereby authorize th	en appropriate. I understand that ncy requiring medical attention fo ne program to transport my child	the basics of First Aid and/or CPR to every effort will be made to contact r my child. However, if I cannot be to the nearest medical care facility o secure necessary medical treatment
Parent/0	Guardian Signature	Date
Youth's Allergies:	Symptoms:	<u> </u>
Chronic Health Conditions:		
Health Insurance Company:	Policy #:	
Please be sure to send you	r child with any needed medica	ations (inhaler, epi pen, etc.)
<u>Parental Permissio</u>	n, Transportation Agreemen	t and Media Release
I do do not give pe use photographic and video reprod	, ,	and the Cambridge Youth Programs to rposes.
	that the activities may take place	activities Club activities and trips that I e off-site, and understand that I am ne.
Parent/	Guardian Signature	 Date